

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/049511** FILING DATE

APPLICANT(S)

CLAIMS

IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4	1				
5	1				
6	1				
7	1				
8	2		1		
9	3		1		
10	1		1		
11	1		1		
12	1				
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50					
TOTAL ID.		2			
TOTAL EP.		11			
TOTAL CLAIMS		12			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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